



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113760		2. Name of Corporation David G. Kerzer, D.O., P.C., Inc.			
3. Street Address Principal Business Office 1220 PONTIACE AVENUE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4014648109		5. State of Incorporation RHODE ISLAND			6. SIC Code 9258
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL MEDICAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David G. Kerzer			Vice President Name None		
Street Address 1220 Pontiac Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Jay M. Elias			Treasurer Name David G. Kerzer		
Street Address 1600 Financial Plaza			Street Address 1220 Pontiac Avenue		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 3 7 6 0

113760 DBC 01/07/05 02:11:36 PM

File Date 1-28-05

Check No. 6917

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/01

Signature of Officer Date

David G. Kerzer, D.O.

Print or Type Name of Officer

Title of Officer



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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 113760		2. Name of Corporation David G. Kerzer, D.O., P.C., Inc.			
3. Street Address Principal Business Office 1220 Pontiac Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-464-8109		5. State of Incorporation Rhode Island			6. SIC Code 9258
7. Brief Description of the Character of Business Conducted in Rhode Island Medical and Healthcare					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David G. Kerzer			Vice President Name		
Street Address 1220 Pontiac Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Jay M. Elias			Treasurer Name David G. Kerzer		
Street Address 1600 Financial Plaza			Street Address 1220 Pontiac Avenue		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 3 7 6 0

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer
Date
Jay M. Elias
Print or Type Name of Officer
Secretary
Title of Officer

FILED

File Date **MAR 05 2004**

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

MAR 05 2004
SECRETARY OF STATE
RECEIVED



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *113760*		2. Name of Corporation David G. Kerzer, D.O., P.C., Inc.			
3. Street Address Principal Business Office 1220 PONTIACE AVENUE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4014648109		5. State of Incorporation RHODE ISLAND		6. SIC Code 9258	
7. Brief Description of the Character of Business Conducted in Rhode Island RENDERING PROFESSIONAL MEDICAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name David G. Kerzer			Vice President Name None		
Street Address 1220 Pontiac Avenue			Street Address		
City Cranston	State RI	Zip 02903	City	State	Zip
Secretary Name David G. Kerzer			Treasurer Name David G. Kerzer		
Street Address 1220 Pontiac Avenue			Street Address 1220 Pontiac Avenue		
City Cranston	State RI	Zip 02903	City Cranston	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



113760 DBC2/12/0311:57:28 AM

File Date 3/4/03

Check No. 24452

By: DA

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David G. Kerzer 2/28/03
Signature of Officer Date

David G. Kerzer
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113760** 2. Name of Corporation **David G. Kerzer, D.O., P.C., Inc.**

3. Street Address Principal Business Office **1220 Pontiac Avenue** City: **Cranston** State: **RI** Zip: **02920**

4. Business Phone No. **401.464.8109** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**

7. Brief Description of the Character of Business Conducted in Rhode Island

Medical and Healthcare

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name David G. Kerzer Street Address 1220 Pontiac Avenue City: Cranston State: RI Zip: 02920	Vice President Name Street Address City: _____ State: _____ Zip: _____
Secretary Name Jay M. Elias Street Address 321 South Main Street - Suite 300 City: Providence State: RI Zip: 02903	Treasurer Name David G. Kerzer Street Address 1220 Pontiac Avenue City: Cranston State: RI Zip: 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name N/A Street Address City: _____ State: _____ Zip: _____	Director Name Street Address City: _____ State: _____ Zip: _____
Director Name Street Address City: _____ State: _____ Zip: _____	Director Name Street Address City: _____ State: _____ Zip: _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 7 6 0 *

2-19-02

File Date: _____

23284

Check No.: _____

2

By: _____

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Jay M. Elias 1-30-02
Signature of Officer Date

Secretary
Print or Type Name of Officer

Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **113760** 2. Name of Corporation **David G. Kerzer, D.O., P.C., Inc.**
3. Street Address Principal Business Office **1220 Pontiac Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401.464.8109** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9258**

7. Brief Description of the Character of Business Conducted in Rhode Island

Medical and Healthcare

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name David G. Kerzer Street Address 1220 Pontiac Avenue City Cranston State RI Zip 02920	Vice President Name N/A Street Address City _____ State _____ Zip _____
Secretary Name Jay M. Elias Street Address One Providence Washington Plaza City Providence State RI Zip 02903	Treasurer Name David G. Kerzer Street Address 1220 Pontiac Avenue City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name N/A Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500	NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 3 7 6 0 *

File Date: 3/1/2001

Check No.: 21839

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 02.28.01
Signature of Officer Date
Jay M. Elias
Print or Type Name of Officer
Secretary
Title of Officer